



# Tucson

May 4, 2006



**Citizens' Health Care Working Group**

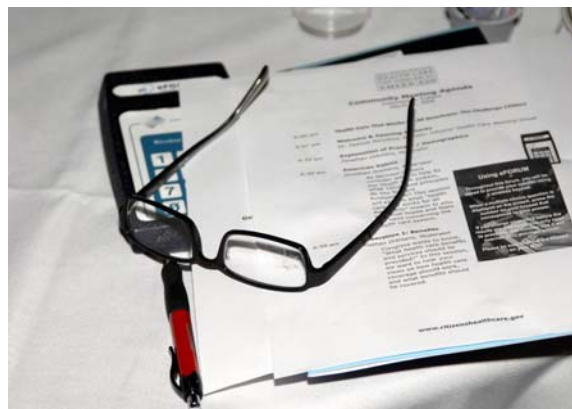
**HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS**

## OVERVIEW

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Individuals from the Tucson area came together on May 4, 2006, to talk about health care. Sharing their concerns, personal stories, and experiences, participants conveyed an enthusiastic dedication to finding ways to improve health care for everyone.

Expressing frustration with a system that is often overly complex, inaccessible, and difficult to navigate, individuals sought to identify changes that would protect individuals from being devastated by high health care costs and allow them to get the care they need, when they need it, at an affordable cost. This group placed a strong emphasis on patient centered care, recognizing that often, issues of language, transportation and cultural barriers play a significant role in people's ability to get health care.



### Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri  
Orlando, Florida  
Baton Rouge, Louisiana  
Memphis, Tennessee  
Charlotte, North Carolina  
Jackson, Mississippi  
Seattle, Washington  
Denver, Colorado  
Los Angeles, California  
Providence, Rhode Island  
Miami, Florida  
Indianapolis, Indiana  
Detroit, Michigan  
Albuquerque, New Mexico  
Phoenix, Arizona  
Daytona Beach, Florida  
Upper Valley, New Hampshire  
Hartford, Connecticut  
Des Moines, Iowa  
Philadelphia, Pennsylvania  
Las Vegas, Nevada  
Eugene, Oregon  
Sacramento, California  
Billings, Montana  
San Antonio, Texas  
Fargo, North Dakota  
New York, New York  
Lexington, Kentucky  
Little Rock, Arkansas  
Cincinnati, Ohio  
Sioux Falls, South Dakota  
**Tucson, Arizona**  
Salt Lake City, Utah  
Oklahoma City, Oklahoma



## SESSION FINDINGS

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### **Values**

The Individuals at the Tucson meeting recognized “universality in access and coverage” as the principle most important to them in a health care system. They prioritized high quality health care, and emphasized the importance of the “accountability of the recipient, the payer, and the provider.”

Participants agreed unanimously that the current health care system either had problems, or was in a state of crisis. The majority of the individuals (69%) expressed their view that the most important reason to have health insurance was to protect against high medical costs, rather than to pay for everyday medical expenses. Over 90% of the participants felt that it should be public policy, a public goal set out in federal or state law, that all Americans have access to affordable health care coverage.

**As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?**

- Universality in access and coverage
- Quality of care
- Affordability
- Accountability of recipient, payer and provider

### **Benefits**

*Just put patients and providers back in control.*

On the discussion of health care benefits, individuals preferred a health care system that provided a defined level of benefits for everyone, rather than providing coverage for only particular groups of people. However, they expressed concerns about who would be “defining” that basic level of care, and how people in “high risk pools” would have their needs met. Participants emphasized the need to include long term care and hospice services and broad patient education, including “preventive health education,” in a basic health package. They saw a “need to focus on education and self-advocacy.” When pressed to come up with services that could be eliminated from a basic package, participants suggested that certain “lifestyle medications” need not be covered, expressing their preference that public dollars not be spent on optional medications “like Viagra.”

When asked about who should be involved in making decisions, Tucson participants desired that consumers and providers to play the most substantial role. They then listed, in order of preferred level of involvement, the Federal government, state and local governments, employers, and lastly, insurance companies.

## Getting Health Care

*I have an HSA and apparently I'm supposed to spend hours researching health costs. I don't think so. Trying to gather all the right data is ridiculous...*

Participants talked about their frustrations with specific barriers to health care. Many participants felt that their inability to "navigate the system" was the greatest barrier to care. They spoke about the complexity of the system, their inability to understand various benefit packages, frustrations with the lack of personal contact and various language and cultural barriers. Participants listed of the high costs of health care as the second barrier to care and expounded upon their desires for "affordable" services. They recognized that people with pre-existing conditions have a difficult time finding coverage, and spoke about the long wait times for care. Participants recognized that many providers no longer accept patients on public programs, further complicating their inability to access timely quality care.

## Financing

*Magic kingdom cards - that's what I call a system where everyone gets care - lead to rationing, and then you still have people not getting care.*

Over 80% of participants felt that everyone should be required to enroll in basic health care coverage, either public or private. Participants felt that by requiring everyone to participate in the system, costs would be decreased. They also noted that the use of electronic medical records in such a system would further reduce costs. Some participants expressed their desire for something akin to the "public school system that covers automatically includes everyone unless you opt out and go to a private school." The majority of participants felt that in such a system, some people should be required to pay more than others, and income was listed as the preferred determining factor.

### **What responsibilities of individuals and families would you support most?**

*(Top 5 answers)*

- Lead a healthy Lifestyle
- Prudent use of resources
- Everyone should pay something based on income
- Preventive health education early on for youth
- To be a well informed consumer

On the question of whether public policy should continue to encourage employer sponsored health care, the participants were evenly split. Many people expressed their concerns about the financial impact that health care costs were having on companies, hurting them in global competition.

## ***Tradeoffs and Options***

Participants recognized that individuals have a responsibility to “lead a healthy lifestyle,” and emphasized the importance of using health care recourses “prudently.” They felt that every individual should “pay something for their health care.” Participants also saw the value in preventive health education, particularly for youth.

Participants listed a variety of ways to slow the growth of costs in the U.S. Their suggestions included the use of electronic health records to tackle the fragmentation in the system and unnecessary duplication of tests and services, an increased emphasis on preventive care, and controlling utilization through cost sharing. They also desired to control the profit margins of pharmaceutical and insurance companies, and suggested not-for-profit diagnostic technology centers and increased use of both evidenced based and alternative medicine.

Individuals at the Tucson meeting were asked what their preferences on proposals to ensure access to high quality health care to all Americans. Their first choice was to “Require that all Americans enroll in basic health care coverage, either public or private.” Their second choice was to “create a national health insurance program, financed by taxpayers, where all Americans would get their insurance.”

## **METHODOLOGY**

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Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using keypads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available in the Data section of this report and online at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

## **PARTICIPATION**

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Welcomed by the Carondelet Health Foundation and greeted by Greg Angle, CEO of St. Mary’s Hospital, the Tucson Community meeting participants gathered on May 4, 2006, to share their thoughts and concerns about health care. Montye Conlan represented the Working Group at this meeting.

## DATA

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### Are you male or female?

32.60%	1	Male
67.40%	2	Female

### How old are you?

0.00%	1	Under 25
25.60%	2	25 to 44
55.80%	3	45 to 64
18.60%	4	Over 65

### Are you Hispanic or Latino?

15.90%	1	Yes
72.70%	2	No
11.40%	3	No Response

### Which of these groups best represents your race?

85.00%	1	White
2.50%	2	Black or African American
0.00%	3	Asian
0.00%	4	Native Hawaiian or Pacific Islander
0.00%	5	American Indian or Alaska Native
0.00%	6	Other
12.50%	7	Decline to answer

### What is the highest grade or year of school you completed?

4.40%	1	Elementary (grades 1 to 8)
2.20%	2	Some high school
2.20%	3	High school graduate or GED
17.80%	4	Some college
6.70%	5	Associate Degree
17.80%	6	Bachelor's Degree
48.90%	7	Graduate or professional degree
0.00%	8	Decline to answer

**What is your primary source of health care coverage?**

74.40%	1	Employer-based insurance
11.60%	2	Self-purchased insurance
0.00%	3	Veterans'
11.60%	4	Medicare
0.00%	5	Medicaid
0.00%	6	Other
2.30%	7	None
0.00%	8	Not sure

**What is your employment status?**

11.60%	1	Self-employed
65.10%	2	Employed - working full time
2.30%	3	Employed - working part-time
2.30%	4	Not employed / currently looking for work
0.00%	5	Homemaker
18.60%	6	Other

**Which one of these statements do you think best describes the U.S. health care system today?**

51.20%	1	It is in a state of crisis
43.90%	2	It has major problems
4.90%	3	It has minor problems
0.00%	4	It does not have any problems
0.00%	5	No opinion

**Which one of the following do you think is the MOST important reason to have health insurance?**

31.10%	1	To pay for everyday medical expenses
68.90%	2	To protect against high medical costs
0.00%	3	No opinion

**As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is most important to you?**

4.40%	1	Fairness
0.00%	2	Timely Attention
17.80%	3	Quality of Care
13.30%	4	Affordability
40.00%	5	Universality in Access and Coverage
2.20%	6	Dignity in Health Care, including privacy
11.10%	7	Accountability of recipient, payer and provider
2.20%	8	Mix of providers/prudent choices
0.00%	9	Foster Education and Transparency
8.90%	10	Access to Quality Care

**Should it be public policy that all Americans have affordable health care coverage? [By public policy we mean that the stated public goal is set out in federal or state law.]**

93.20%	1	Yes
6.80%	2	No



**Which of the following statements most accurately represents your views?**

- |        |   |  |
|--------|---|--|
| 6.80%  | 1 | Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now    |
| 93.20% | 2 | Providing a defined level of services for everyone (either by expanding the current system or creating a new system) |

**It would be difficult to define a level of services for everyone. A health plan that many people view as “typical” now covers these types of benefits, many of which are subject to copayments and deductibles:**

- Preventive Care—screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
- Physicians’ Care—inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
- Chiropractic Care
- Maternity Care
- Prescription Drugs
- Hospital/Facility Care—inpatient and outpatient services
- Physical, Occupational, and Speech Therapy
- Mental Health and Substance Abuse—inpatient and outpatient facility and professional care

How would a basic package compare to this “typical” plan?

**Of the most frequent answers the group gave, what would you add?**

- |        |    |  |
|--------|----|--|
| 0.00%  | 1  | Transportation   |
| 20.90% | 2  | Broad Patient Education, including preventive health education |
| 27.90% | 3  | Hospice/long term Care   |
| 11.60% | 4  | Preventive care/Family Planning\                               |
| 7.00%  | 5  | Specialty care   |
| 9.30%  | 6  | Home care/community based care                                 |
| 4.70%  | 7  | Dental   |
| 0.00%  | 8  | Respiratory  |
| 11.60% | 9  | Ancillary Services   |
| 7.00%  | 10 | Nothing  |

**Of the most frequent answers the group gave, what would you take out?**

- |        |   |                                    |
|--------|---|------------------------------------|
| 65.80% | 1 | Lifestyle medication (viagra etc.) |
| 34.20% | 2 | Nothing                            |

**On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?**

- |     |       |                               |
|-----|-------|-------------------------------|
| 3rd | 3.905 | Federal government            |
| 4th | 3.422 | State and/or local government |
| 2nd | 6.152 | Medical professionals         |
| 6th | 2.558 | Insurance companies           |
| 5th | 3.167 | Employers                     |
| 1st | 6.622 | Consumers                     |



**What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?**

- |        |    |  |
|--------|----|--|
| 12.20% | 1  | Timely access to care  |
| 12.20% | 2  | Covering people with pre-existing conditions                                 |
|        |    | Navigating system: understanding benefit packages, complexity, Phone system, |
| 24.40% | 3  | language/cultural barriers   |
| 9.80%  | 4  | Doctors not accepting specific insurance                                     |
| 2.40%  | 5  | Number of specialty providers in a community                                 |
| 0.00%  | 6  | Transportation/How to get there  |
| 19.50% | 7  | Affordability  |
| 2.40%  | 8  | Portability  |
| 2.40%  | 9  | Inappropriate referral/more adequate triaging to ER by primary provider      |
| 14.60% | 10 | Discriminating/Limiting criteria for access and services                     |

**In getting health care, what is most important to you?**

- |        |    |   |
|--------|----|---|
| 53.70% | 1  | Cost-effective, quality, timely care dictated by patient- determined need |
| 7.30%  | 2  | Patient centered care/seeing patient as whole person                      |
| 14.60% | 3  | Choice- provider, facility, drugs, etc.                                   |
| 0.00%  | 4  | Confidentiality   |
| 2.40%  | 5  | Understanding: benefits, options, services, cost, etc.                    |
| 7.30%  | 6  | Getting cured   |
| 0.00%  | 7  | Cultural understanding/sensitivity  |
| 0.00%  | 8  | Medical Error Rate is zero  |
| 2.40%  | 9  | Medical policing of providers- competent providers                        |
| 12.20% | 10 | Caring competent provider- patient-provider relationship (dignity)        |

**Should everyone be required to enroll in basic health care coverage - either private or public?**

- |        |   |     |
|--------|---|-----|
| 88.40% | 1 | Yes |
| 11.60% | 2 | No  |

**Should some people be responsible for paying more than others?**

- |        |   |     |
|--------|---|-----|
| 61.00% | 1 | Yes |
| 39.00% | 2 | No  |

**What criteria should be used for making some people pay more?**

- |        |   |                                     |
|--------|---|-------------------------------------|
| 18.40% | 1 | None - everyone should pay the same |
| 0.00%  | 2 | Family size                         |
| 18.40% | 3 | Health behaviors                    |
| 50.00% | 4 | Income                              |
| 13.20% | 5 | Other                               |

**Should public policy continue to use tax rules to encourage employer-based health insurance?**

- |        |   |     |
|--------|---|-----|
| 50.00% | 1 | Yes |
| 50.00% | 2 | No  |

**What responsibilities of individuals and families in the health care system would you support most?**

30.20%	1	Lead a healthy Lifestyle
18.60%	2	Everyone should pay something based on income
2.30%	3	Responsibility to seek timely care
11.60%	4	Preventive Health Education early on for youth
7.00%	5	Compliance with reasonable health plans
0.00%	6	Industry should be responsible for industrial endemic disease
9.30%	7	To be a well informed consumer
20.90%	8	Prudent use of resources

**IMPACT: On a scale from 1 (low) to 10 (high) in terms of impact, which of these steps is the most important to take in order to slow the growth of health care costs in America?**

		Incremental approach to universal health care: Electronic health records to deal with fragmentation of system, elimination of duplication of services, and protocol on how to
--	n/a	handle tests to reduce duplication
--	n/a	Control profit margins of pharmaceutical and insurance companies
--	n/a	Decrease administration multiplicity
--	n/a	Salaried positions/physicians and not-for-profit diagnostic technology centers
--	n/a	Shift towards preventative care medicine
--	n/a	Control utilization through cost sharing
--	n/a	Encourage doctors expanding vision of integrating medicine alternative medicine
--	n/a	Allow Federal government to negotiate drug prices through medicare/medicaid
--	n/a	Ration end-of-life care
--	n/a	Practicing evidence-based medicine
--	n/a	Multi-sectoral approach to health

**How much more would you personally be willing to pay in a year (in premiums, taxes, or through other means) to support efforts that would result in every American having access to affordable, high quality health care coverage and services?**

22.60%	1	\$0
19.40%	2	\$1 - \$100
0.00%	3	\$100 - \$299
29.00%	4	\$300 - \$999
12.90%	5	\$1,000 or more
16.10%	6	Don't know

**If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).**

7th	4.258	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
5th	5.179	Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
10th	3.241	Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
4th	5.593	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
8th	4.138	Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
9th	3.333	Require businesses to offer health insurance to their employees
3rd	5.852	Expand neighborhood health clinics
2nd	6.7	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
1st	7.406	Require that all Americans enroll in basic health care coverage, either private or public
6th	4.419	Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage

## STAYING INVOLVED

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Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.  
[www.citizenshealthcare.gov/community/mtg\\_kit.php](http://www.citizenshealthcare.gov/community/mtg_kit.php)
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.  
[www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://www.citizenshealthcare.gov/speak_out/comment.php)
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.  
[www.citizenshealthcare.gov/community/mtng\\_files/complete.php](http://www.citizenshealthcare.gov/community/mtng_files/complete.php)
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or [jessica.federer@ahrq.hhs.gov](mailto:jessica.federer@ahrq.hhs.gov).